



COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

Please send application to:
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

CERTIFIED AMUSEMENT MAINTENANCE MECHANIC

Application for Certificate of Competency as a CERTIFIED AMUSEMENT MAINTENANCE MECHANIC
in Accordance with Massachusetts Regulation 520 CMR 5.00

APPLICATION MUST BE FILLED OUT IN INK AND ACCOMPANIED WITH A NON REFUNDABLE PROCESSING FEE OF \$100.00

Please check which exam:

☐ Unlimited ☐ Inflatables Only ☐ Carousel Only ☐ Mobile Rock walls only ☐ Challenge Course / Permanent Rock walls only

☐ (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. **You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.**

Full Name: _____ Social Security # _____

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

Date of Birth: _____ Home Phone # _____ Email Address: _____

Name and Address of Employer: _____

Employers Phone # _____ Employer's Fax # _____

State full title of occupation: _____

Have you ever been examined for a Massachusetts Certificate of Competency? ☐ YES, when? _____ ☐ NO

Pursuant to Massachusetts General Laws, Chapter 22 and 520 CMR 1.00, I certify under the penalties of perjury that to my best knowledge and belief I have paid any and all outstanding civil fines owed to the Department which are required under Law.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION **(MASSACHUSETTS RESIDENTS ONLY)**

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration.

MA- RMV photo release signature

Work Experience

List most current work experience first.

Name and Address of Employer:

State full title of occupation:

Duties:

Date of Hire: _____ Date of Termination: _____

Reason for Leaving:

Name and Address of Employer:

State full title of occupation:

Duties:

Date of Hire: _____ Date of Termination: _____

Reason for Leaving:

I attended amusement safety seminars (name of school)

Date and location of schools attended:

I attended amusement safety seminars (name of school)

Date and location of schools attended:

I am also skilled in: _____

License or degree held: _____

YOU WILL BE NOTIFIED OF YOUR EXAM DATE BY MAIL APPROXIMATELY 2 WEEKS BEFORE EXAMS

EXAMS TAKE PLACE THE LAST WEEK OF EVERY MONTH

[FOR EXAMPLE IF YOUR APPLICATION IS PROCESSED IN JANUARY YOU SIT IN FEBRUARY ETC.]

YOU MAY VISIT OUR WEBSITE FOR OUR EXAM SCHEDULE UNDER ENGINEERING EXAM SCHEDULE www.mass.gov/dps

PREREQUISITES: ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED PROPERLY. FAILURE TO SUBMIT ALL REQUIRED INFORMATION AND PROPER FEE WILL RESULT IN UNNECESSARY DELAYS.

- *Completed Application with proper home mailing address and social security number.*
- *Attach 1" x 1.25" photo or a legible copy of a valid driver's license*
(Unless Authorization for Release of RMV Photo Information Signed-Off)
Applicants: You must be at least 18 years of age.
- *Non-refundable application processing fee (\$100.00)*